



**Health Services**  
LOS ANGELES COUNTY

August 4, 2009

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
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**Michael D. Antonovich**  
Fifth District

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO EXTEND AGREEMENT FOR THERAPEUTIC  
HEMAPHERESIS SERVICES  
(ALL DISTRICTS)  
(3 VOTES)**

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

**SUBJECT**

Request approval to extend the term of Agreements with Haemostat Incorporated and HemaCare Corporation for therapeutic hemapheresis services at four Department of Health Services (DHS) facilities.

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: 213-240-8101  
Fax: 213-481-0503

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To improve health  
through leadership,  
service and education*

**IS IT RECOMMENDED THAT YOUR BOARD:**

1. Authorize the Interim Director of Health Services, or his designee, to execute Amendments to Agreement No. H-702795 with HaemoStat Incorporated (HaemoStat) and Agreement No. H-702971 with HemaCare Corporation (HemaCare), to extend the term of each Agreement, at the current fees, effective September 1, 2009 through October 31, 2011, for the continued provision of therapeutic hemapheresis services at Harbor-UCLA Medical Center (Harbor-UCLA), LAC+USC Healthcare Network (LAC+USC), and Olive View-UCLA Medical Center (Olive View), for a combined total estimated cost of \$632,832 for the extension period.
2. Delegate authority to the Interim Director of Health Services, or his designee, to add other Department of Health Services (DHS) facilities that may require the services of the current providers, as needed, during the extended term of the Agreement.
3. Delegate authority to the Interim Director of Health Services, or his designee, to offer and sign a form therapeutic hemapheresis services Agreement to allow other licensed and qualified therapeutic hemapheresis providers to provide services under the same terms and conditions and fee schedules as the current Agreement, effective on the



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date of approval by the parties through October 31, 2011, to provide additional provider(s), as necessary, subject to review and approval by County Counsel, the Chief Executive Office.

### **PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS**

Approval of the first recommended action will allow the Interim Director or his designee to execute Amendments with HaemoStat and HemaCare, substantially similar to Exhibit I, to extend the terms of each Agreement through October 31, 2011. The current Agreements expire on August 31, 2009. In order to ensure adequate clinical coverage for County patient care services, DHS relies on supplementing County personnel with qualified medical personnel obtained through a variety of registry and individual agreements. The services provided under these Agreements assist in the clinical treatment of autoimmune diseases and blood disorders by removing selected, abnormal components or cells from a patient's blood and then returning the blood to the patient.

Approval of the second recommended action will allow the Interim Director to expedite the addition of other DHS facilities that may require these services during the term of this Agreement.

Approval of the third recommended action will allow DHS to enter into an Agreement with new providers should one of the current providers be unable to continue providing these services, whereby the Department would solicit new providers with an updated version of the prior Request for Qualification (RFQ) document.

DHS is currently reviewing and assessing all of the Department's temporary medical personnel services agreements in an effort to consolidate and standardize the contracting process. The recommended extension for these Agreements will coincide with the expiration of the Department's nurse registry agreements on October 31, 2011. This will ensure that there is time to migrate the services provided under these Agreements to another contracting vehicle, if warranted.

### **Implementation of Strategic Plan Goal**

The recommended actions support Goal 4, Health and Mental Health, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

The total estimated cost of the two Agreements for the extension period is \$632,832. Funding is included in the Fiscal Year 2009-10 Adopted Budget and will be requested in future fiscal years. Funding for Martin Luther King, Jr.- Multi-Service Ambulatory Care

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Center may be added if inpatient services are resumed during the term of the extension period.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Since August, 1997, DHS has contracted for therapeutic hemapheresis services. On August 21, 2001, your Board approved Agreements with HemaCare and HaemoStat, through August 31, 2006, including delegated authority for the Director of Health Services to offer and sign similar form agreements to any other licensed and qualified therapeutic hemapheresis service providers.

Subsequently, the form Agreement was offered to other qualified contractors and the term of the form Agreement was extended through August 31, 2009. At this time, HemaCare and HaemoStat are the only two current contractors.

County Counsel has approved Exhibit I as to use and form.

### **CONTRACTING PROCESS**

An RFQ done in 2001 was used for the selection of the current providers. DHS will update the prior qualification process to solicit and add new providers, as needed.

### **IMPACT OF CURRENT SERVICES (OR PROJECTS)**

Board approval of the recommended actions will ensure that vital therapeutic hemapheresis services for County patients will continue uninterrupted at DHS facilities.

Respectfully submitted,



John F. Schunhoff, Ph.D.  
Interim Director

JFS:po

Attachment

c: Chief Executive Officer  
Acting County Counsel  
Executive Officer, Board of Supervisors

EXHIBIT I

Contract No. \_\_\_\_\_

THERAPEUTIC HEMAPHERESIS SERVICES AGREEMENT

AMENDMENT NO. 1

THIS AMENDMENT is made and entered into this \_\_\_\_\_ day  
of \_\_\_\_\_, 2009,

by and between

COUNTY OF LOS ANGELES  
(hereafter "County"),

and

\_\_\_\_\_  
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled  
"THERAPEUTIC HEMAPHERESIS SERVICES AGREEMENT", dated June 7,  
2007, and further identified as County Agreement No. H-\_\_\_\_\_ (hereafter  
"Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend the Agreement to  
extend the term through October 31, 2011; and

WHEREAS, it is the intent of the County to make the Therapeutic  
Hemapheresis agreements co-terminus with the Master Temporary Personnel  
Nursing Services Agreement; and

WHEREAS, said Agreement provides that changes may be made in the form  
of a written amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall become effective September 1, 2009.

2. Agreement Paragraph 1, TERM, first paragraph, shall be deleted in its entirety and replaced with the following:

“1. TERM: This Agreement shall commence on June 7, 2007, and shall, unless sooner cancelled or terminated as provided herein, continue in full force and effect to and including October 31, 2011.”

3. Exhibit A, DESCRIPTION OF SERVICES, Paragraph 2, Availability of Services, subparagraph 3 shall be added as follows:

“Contractor shall simultaneously provide the Medical Center’s Department of Pathology (Blood Bank), when its services are required (e.g. plasma available for replacement), a copy of their Intent to Perform Services.”

4. Exhibit A, DESCRIPTION OF SERVICES, Paragraph 9, COUNTY FACILITIES TO BE SERVED HEREUNDER, shall be revised to read as follows:

“9. COUNTY FACILITIES TO BE SERVED HEREUNDER:

A. LAC+USC Medical Center General Hospital  
2051 Marengo Street  
Inpatient Tower – 4<sup>th</sup> Floor  
Room C4G100  
Los Angeles, California 90033  
Attn: Rose Mitchell, R.N.  
Nurse Manager  
Tele: (323) 409-2790  
Fax: (323) 441-8255  
E-mail address: [rmitchell@dhs.lacounty.gov](mailto:rmitchell@dhs.lacounty.gov)

Blood Bank (new location)  
Diagnostic Tower (D&T)  
Second Floor Room 2D422  
Tele: (323) 409-7134

- B. Harbor-UCLA Medical Center  
 Department of Pathology  
 1000 W. Carson Street, Box 12  
 Torrance, California 90509  
 Attn: Holli Mason, M.D.  
 Director, Blood Bank  
 Tele: (310) 222-2250  
 Fax: (310) 222-5646  
 E-mail address: [homason@dhs.lacounty.gov](mailto:homason@dhs.lacounty.gov)
- C. Martin Luther King, Jr.-Multi-Service Ambulatory Care Center  
 Mary Lee Miodovski, RN, MS  
 Director, Ambulatory Surgery Center  
 Surgical/Surgical Subspecialties  
 Women's Health  
 Pediatric/Pediatrics Subspecialties  
  
 Nursing Education/Professional Practice  
 and Ancillary Services  
 Tele: (310) 668-8758  
 Fax: (310) 885-5531  
 E-mail address: [mmiodovski@dhs.lacounty.gov](mailto:mmiodovski@dhs.lacounty.gov)
- D. Olive View-UCLA Medical Center  
 Laboratory Room 1A-140  
 14445 Olive View Drive  
 Sylmar, California 91342  
 Attn: Dr. Paul Liu  
 Director, Laboratory  
 Tele: (818) 364-4534  
 Fax: (818) 364-4065  
 E-mail address: [pliu@dhs.lacounty.gov](mailto:pliu@dhs.lacounty.gov)

5. Exhibit B, BILLING AND PAYMENT FEE SCHEDULE, Item 1. Base Fee Per Procedure; the following procedures shall be added as follows:

"1. Base Fee Per Procedure:

Red Blood Cell Exchange	\$ <u>1,500</u>
Therapeutic Cytopheresis	\$ <u>1,500</u> "

6. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Interim

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Director of Health Services and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
John F. Schunhoff, Ph.D.  
Interim Director

\_\_\_\_\_  
Contractor

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Title \_\_\_\_\_  
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM  
BY THE OFFICE OF THE  
COUNTY COUNSEL